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# Navy and Marine Corps Medical News

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## Corpsmen Assist Tsunami Survivors

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### Items of Interest

- Rear Adm. (lower half) Carol I.B. Turner is being assigned as Commander, Naval Medical Education and Training/Chief of Dental Corps, Washington, D.C. Turner is currently Chief of the Dental Corps/Deputy Chief, Health Care Operations, 3MH, Washington, D.C.
- Rear Adm. (selectee) Nancy J. Lescavage is being assigned as Director, Tricare Region West/Director of the Nurse Corps, San Diego, Calif. Lescavage is currently Commander, Naval Medical Education and Training/Director of the Nurse Corps, Bethesda, Md.
- The Defense Medical Readiness Training Institute is hosting the Homeland Security Medical Executive Course, June 13-17 June 2005. For registration and other course information visit DMRTI's website at [www.DMRTI.army.mil](http://www.DMRTI.army.mil).

**By Journalist 1st Class (SCW/SS)  
James G. Pinsky  
Navy News Service**

**BANDA ACEH**, Indonesia - Navy medical personnel from USS Abraham Lincoln's (CVN 72) Carrier Strike Group are volunteering to assist survivors of the Dec 26. tsunami in Southeast Asia.

Navy doctors and corpsmen normally assigned to support their respective squadrons are flying into remote locations within the Aceh province of Sumatra, Indonesia, to help victims recover from wounds, infections and disease.

"We're seeing infection, pneumonia and malaria," said Hospital Corpsman 3rd Class Melissa Crowe, Helicopter Anti-Submarine Squadron (Light) (HSL) 47 Saberhawks. "But most of our medical sites have wounds and infections."

Many times, medical personnel share cargo space with humanitarian aid aboard the helicopters. Once the helicopter lands, they assist the air crewmen and distribute aid, and work with local villagers to get a medical assessment of the survivors at each landing area.

A Hospital Corpsman, assigned to USS Abraham Lincoln (CVN 72), checks the blood pressure of an Indonesian man at the Sultan Iskandar Muda Air Force Base, Banda Aceh, Sumatra, Indonesia. Medical teams from USS Abraham Lincoln (CVN 72), Carrier Air Wing Two (CVW-2) and the International Organization for Migration (IOM) set-up a triage site located on Sultan Iskandar Muda Air Force Base, in Banda Aceh, Sumatra. The two teams worked together with members of the Australian Air Force to provide initial medical care to victims of the Tsunami-stricken coastal regions. The Abraham Lincoln Carrier Strike Group is currently operating in the Indian Ocean off the waters of Indonesia and Thailand. U.S. Navy photo by Photographer's Mate Airman Nicholas B. Morton.

Flying into remote parts of the tsunami-stricken area of Indonesia allowed Crowe to see firsthand what the survivors were enduring.

"It's such an experience when the people rush the helicopter," said Crowe. "I can't imagine being that hungry and thirsty that I might fight my neighbor or friend. Yet, I'm sure in the end they'll all stick together and share."

While illnesses know no language, finding out who is sick and why can be difficult without interpreters.

"We try to go with interpreters," said Crowe, "but sometimes it's just not possible. It makes things a lot harder, since I don't know the language."

Navy medical personnel wear white cranial helmets with red crosses, which help identify them-

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# Surgical Team Helps Make Kearsarge Floating Hospital

By Journalist 2nd Class Liz Baross  
USS Kearsarge  
Public Affairs

**ABOARD USS KEARSARGE, At Sea** - Fleet Surgical Team (FST) 4 from Little Creek, Va., got underway with the USS Kearsarge (LHD 3) Expeditionary Strike Group and 26th Marine Expeditionary Unit (MEU) for their Expeditionary Strike Group Exercise (ESGEX) Jan. 10 to provide surgical capabilities to the strike group.

The 18-person team of doctors, nurses, surgeons, and operating room, lab and X-ray technicians, run the two medical wards while aboard Kearsarge.

"We have a variety of medical fields working on this team," said Lt. Rodney Robinson, FST 4's medical regulating control officer. "Our main goal is to do 'damage control,' which for us means stabilizing patients and making sure they are taken care of."

Damage control is key. When FST 4 is aboard, they make Kearsarge the main ship for receiving injured personnel. This is where the wounded Marines come after combat, and in some countries, the ship



Hospital Corpsman 3rd Class Melody Austin from Ponchatoula, La., second from left, explains to stretcher bearers how to control excess bleeding from an abdominal wound, during a mass casualty exercise aboard the amphibious assault ship USS Kearsarge (LHD 3). The Kearsarge Expeditionary Strike Group (ESG) and the 26th Marine Expeditionary Unit (MEU) are conducting initial integrated training in preparation for an upcoming scheduled deployment. U.S. Navy photo by Photographer's Mate Airman Sarah E. Ard.

is the closest thing to a hospital.

The team can perform a variety of minor surgeries just like shore-based hospitals.

"We won't work on a patient if the operation will last more than an hour or if it requires extensive care," said Robinson. "We will medically evacuate the patient and take them to the nearest hospital."

FST 4 is one of four teams on the East Coast, each assigned to a specific amphibious assault ship. They can be deployed to any ship depending on the needs of the Navy.

They also train extensively in shipboard basics, such as firefighting, and in their own professional fields, as well. Recently, the

team attended the University of Southern California Medical Center's Trauma Training Course.

"We're not prepared if we're not trained," said Hospital Corpsman 3rd Class Dontelle Pinder, FST 4's general duty corpsman.

The Sailors also work and train with other ratings in their field when underway, such as dental technicians (DT) and other ship's corpsmen.

"This gives us a chance to work very closely with the doctors," said Hospital Corpsman 2nd Class Rosie Jones, FST 4's operating room technician. "We're not only helping the doctors, we are helping the ship's corpsmen onboard and letting them concentrate on their crew."

The corpsmen with FST 4 plan to use their time well while aboard. Since they deploy with Kearsarge later this year, many are enrolled in the enlisted warfare specialist programs. They also earn many other shipboard qualifications, such as damage control.

"Being underway gives us a chance to work with ratings other than the [hospital corpsmen] and dental technicians," said Pinder.

In order to be assigned to an FST, a Sailor must have completed a "C" school or have served with a Marine combat unit.

"Being assigned to an FST is a unique experience, because you're able to work in both a hospital and a shipboard setting during your tour," said Jones. "It's something most corpsmen do not get to experience."

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selves to victims as medical personnel.

"They may not know how to speak English," said Crowe, "but they know what a red cross means, and it helps us gather some information about survivors' medical conditions."

In addition to interpreters and international aid symbols, corpsmen like Crowe quickly learned and often rehearsed Indonesian phrases to gather basic medical information, like if anyone in the village is sick, if people have wounds and how treated patients are recovering.

For Crowe, volunteering was always the right answer, regardless of whom she helped.

"I knew no matter what that I would be involved with this mission because our ship was sent here," said Crowe. "There's always our ship's crew that needs us corpsmen, as well, so whether I helped support the men and women on the beach or went myself, I was volunteering no matter what."

"I'm thankful for the technology we have to be able to help these people," said Crowe. "I'm so proud to be able to assist with this disaster. I wish I could return every day to these villages for wound checks and to apply clean dressing changes."

## Navy Nurse Corps Director Visits West Coast Sailors

By Ellen Maurer, Bureau of Medicine and Surgery Public Affairs

**WASHINGTON** – Director of the Navy Nurse Corps, Rear Adm. Nancy J. Lescavage visited with Sailors in the Navy Medicine community during a tour of several military medical facilities along the West Coast January 3 -13, 2005.

Lescavage, who is also Commander of the Naval Medical Education and Training Command (NMETC) in Bethesda, Md., made the cross-country visit to speak to Navy Medicine's community about changes in the Navy's school environment.

She explained how Navy Medicine's priorities are aligned with the Chief of Naval Operations (CNO's) vision of personnel and resources. A stronger focus, says Lescavage, is now placed on educating today's sailors and preparing them with degrees for their future. "Today, more the ever, we are finding that

our Sailors are high performers. They are more educated and technologically savvy and it is our responsibility to utilize all Sailors to the utmost of their abilities.

Through education, we will enable each Sailor to advance and become his/her very best," Lescavage said.

While Lescavage's primary mission for the trip was to talk about education and training and the future of the Nurse Corps, she also took time out to meet Sailors and see their communities. During her visit to Naval Hospital Lemoore, Calif., Lescavage got an up close and personal view of the F/A-18 base's primary mission. Lescavage completed an arrested carrier landing on the base's F/A-18 simulator.

When touring Naval Hospital Twenty-Nine Palms, she recognized the outstanding work of the nursing staff.

While at Naval Hospital Camp Pendleton, Lescavage saw first hand the Family Readiness Pro-

gram, proactively supporting families of deployed service members. When visiting the Fleet Hospital Operational Training Center, she witnessed the important training that takes place to care for those patients in harms way.

Lescavage also spoke with leaders at the Field Medical Services School, discussing standardization of curriculum on the east and west coasts.

Concluding her trip, Lescavage hosted the 2005 NMETC offsite in San Diego, Calif. During the meeting, NMETC leaders mapped out the organization's strategic and annual plans, supporting the CNO's Revolution in Training. Lescavage said, "The work done this week is crucial to accomplishing our mission for this year on behalf of all sailors. The NMETC plans will keep us on track in developing and implementing the tools for tomorrow's Sea Warrior and in carrying out the CNO's vision."

## The Future Bright for Advancement at the Robert E. Bush Naval Hospital

Dan Barber, Robert E. Bush Naval Hospital Public Affairs

**TWENTYNINE PALMS**, Calif. – The senior enlisted staff at the Robert E. Bush Naval Hospital initiated a new program to enhance the prospect of the hospital's junior personnel to excel in the Navy.

Petty Officer 2<sup>nd</sup> Class Dempsey Tomblin, a Radiology Technician and recent Senior Sailor of the Quarter conceived the idea, developed it, and received approval from the command to incorporate the program as part of one of the hospital's strategic goals of taking care if its people.

In borrowing from another well known Navy program "Seaman to Admiral" this local endeavor is titled "From Recruit to Chief Petty Officer."

The program addresses four

aspects necessary to advance: physical fitness, evaluation, military and professional education and in-rate advancement training.

Each aspect is addressed to determine which area the enrollee needs to work on to make them more competitive for advancement.

"This program is designed for Sailors to better prepare themselves. Whether they plan on staying on active duty, entering the Naval Reserve, applying for an officer program, or even getting out of the Navy after their enlistment," said Tomlin.

Enrollees are guided by senior enlisted staff on a path structured to meet individual needs.

"Members will enroll much like a Professional Qualifications Standards program and will rise to the challenge through self-motivation and team

encouragement," said Petty Officer 1<sup>st</sup> Class Jon Jackson, director of In-rate advancement training.

Once enrolled, members are required to complete or focus on the following: NAVEDTRA 14325 BMR; NAVEDTRA MRPO 3&2; specific rate training manual or courses, Physical Training Program; Command/Community involvement and advancement training and study.

Each of these areas has senior petty officers from the command assigned as directors. The program is managed by the hospital's Leading Petty Officers and Directors through their divisional and directorate Leading Chief Petty Officers.

It fulfills the needs of the members as well as support to the chain of command through periodic progress reports.



# DoD Expands Health Assessment Program Following Deployments

**WASHINGTON** — Dr. William Winkenwerder Jr., assistant secretary of defense for health affairs, announced the implementation of a new clinical program to assess the health of service members three to six months after redeployment, focusing on support to those needing assistance with post traumatic

stress disorder, psychological and social readjustment issues.

The program expands the range of care offered to service members through the pre- and post-deployment health assessments, begun a few years ago and expanded in 2003. These assessments are screening procedures to gather health information from de-

ploying and returning service members that aid communication with a health care provider, and assist in evaluating a service member's health.

"This new initiative is designed to assist service members who have returned from areas of combat operations to ensure their health and well being," Winkenwerder said. "The thrust is to bring them in and ask, 'How are you doing?', 'How is your family doing?', 'Are you having stress or adjustment issues?', 'How can we help you?'"

The assessment will consider the overall health of the returning service member, with emphasis on mental health and readjustment. Current data shows only a small percentage of individuals report problems immediately following deployment. "In some cases, service members may have concerns, but understandably, want to go home," he said. "Some two to three months later or more may experience health issues and adjustment problems, but may be reluctant or not know how to seek help."

"We have the capacity and the desire to manage these issues proactively," he said. "And, it is the right thing for us to do. With this new disciplined and caring process we intend to remove stigma and reach those needing support. Importantly, we also through our partnership with the VA, and our own Tricare program, we will be able to provide the services."

Winkenwerder directed implementation of the program by early spring 2005. A working group is preparing policy and protocols for a smooth implementation. The working group includes representatives from the offices of the military services' surgeons general, family services teams, the National Guard Bureau, Reserve Affairs, the Armed Forces Epidemiological Board and other military medical organizations.

## DoD Health Care Spending Doubled in Past Four Years

By Gerry J. Gilmore, American Forces Press Service

**WASHINGTON**—Defense department health care spending for service members and military retirees has doubled in the past four years, DoD's senior medical adviser noted here Jan 24.

DoD will spend almost \$37 billion on health care in fiscal 2005, Dr. William Winkenwerder Jr., the assistant secretary of defense for health affairs, told attendees at the annual Tricare conference.

"That means that spending on health under the Defense Department has essentially doubled in size in just the past four years," Winkenwerder reported.

Future departmental health care spending is projected to be "very rapid," he pointed out, and "appears likely to exceed \$50 billion within five years."

If current trends continue, Winkenwerder noted, then 75 to 80 percent of overall DoD health care funding will be spent "for individuals and dependents who no longer are on active duty."

Expanding medical benefits for military retirees and their families, Winkenwerder noted, has "clearly" helped to increase DoD's health care costs.

He also pointed at DoD's pharmacy program costs, which he said now costs about \$5 billion

annually, a five-fold increase since 2001.

It's imperative, Winkenwerder emphasized, that department health care professionals "apply our full attention and our best management efforts to these matters," noting DoD will issue updated guidance "in the way we manage our pharmacy benefits going forward."

Senior departmental leaders, from Defense Secretary Donald H. Rumsfeld on down, Winkenwerder reported, have been provided "with the facts of our spending patterns, cost trends, funding needs, and how we're addressing these problems and issues."

DoD has obtained "solid funding commitments," Winkenwerder noted, for projected health care costs in 2006 and 2007. "I feel pretty good about the state of our program in the near term," he said. Yet, looking further out, Winkenwerder acknowledge that he was "candidly concerned."

DoD faces "great challenges," he pointed out, funding a health care system that "does not always" promote the most efficient use of care and "is increasingly out of step with the approaches and trends of the private sector."

It's time to "address these issues," Winkenwerder said, and "do what is right for our current and our future generations."

# Naval Hospital Supports Mass Casualty Ops

**By Lt. Brent M. Dennis, MSC, USNR,  
Public Affairs Officer, U.S. Naval  
Hospital Guam**

**GUAM** — U.S. Naval Hospital Guam conducted mass casualty operations January 10, when injured Sailors from the USS San Francisco (SSN 711) were brought to the hospital's emergency room after the nuclear powered submarine was involved in an at-sea mishap.

"Naval Hospital Guam went above and beyond the call of duty and should be justifiably proud of their contributions," said Capt. Brad Gehrke, Commander of Submarine Squadron Fifteen (CSS 15), as he expressed his deepest thanks and appreciation. "The caring, dedication and professionalism of all medical personnel involved was readily apparent and very much appreciated by the crew and families of the San Francisco Sailors."

The hospital responded to the incident by sending medical officers out to meet the damaged submarine. Lt. Cmdr. Chris Cook, a general surgeon from the hospital and Lt. Greg Hall, an underwater medical officer from the submarine tender USS Frank Cable (AS 40) were lowered by helicopter to the submarine's sail planes, to provide im-

mediate medical treatment to one wounded sailor with severe head trauma, who later died as a result of the injuries.

The helicopter from Helicopter Combat Support Squadron Five (HC 5) was relayed from the Military Pre-positioned Ship USNS Fred W. Stockham (T-AK 3017), forward deployed to Guam.

The medical evolution continued once the San Francisco arrived under her own power at Naval Base Guam's Sierra Pier later in the afternoon on January 10, with emergency medical staff standing by to assist. The injured Sailors were transported to the Naval Hospital's emergency room for triage and treatment by EMT ambulance crews and the hospital's medevac bus.

"I am so proud and privileged to serve with such a great group of professionals," said Capt. Katherine Rief, the naval hospital commanding officer who echoed Gehrke's words. "I am equally proud of the way they responded to our shipmates from the fleet in their time of need."

"It was a joint effort from the entire military family here on Guan," Rief went on to say. "Bravo Zulu to the Air Force, Coast Guard, HC-5 and the civilian staff who provided support to the Sailors and family members of the San Francisco."

Thirty-one Sailors from the San Francisco were treated at the hospital, three Sailors were admitted overnight for observations.

## Sailors Protected Against Tropical Diseases

**By Chief Journalist (SW) Douglas H. Stutz, USS Abraham Lincoln Public Affairs**

**ABOARD USS ABRAHAM LINCOLN** — Since USS Abraham Lincoln (CVN 72) arrived off the coast of Indonesia Jan. 1 to provide support for Operation Unified Assistance, the ship's medical department has been focused on making sure none of the Sailors who have volunteered to go ashore are accessible to tropical diseases.

The preventative medicine implementation for combating tropical diseases began almost as soon as the Lincoln Carrier Strike Group received word to steam to the stricken area after a port call visit to Hong Kong. Every Sailor who has stepped ashore has had to go through a screening process by medical department, which included a healthy dose of education.

"And DEET, DEET, DEET," emphasized Cmdr. Jamin T. McMahon, Lincoln's senior medical officer, about the insect repellent lotion issued to all hands going ashore. "We told people how to put it on, have reinforced the notion that when people are ashore working in the heat and humidity, they need to reapply it. And people need to take their doxycycline tablets."

Individuals are required to take doxycycline tablet one to two days prior to entering country, and are required every day while there, and for 28 days after leaving the malaria transmission zone.

"Our plan is to take everyone back home without one single case of tropical disease," said McMahon. "The number one goal here in medical is to protect our troops, as well as help others. We don't put our people in harm's way or on a operation such as this without protecting them the best we can."

"What we're doing is the same as going into port with a force protection plan," explained McMahon. "We're taking no chances. If everyone follows the rules laid down, we'll go home healthy."



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